

### ***Instructions for completing the Contact Horse History Record***

The following data should be collected for all domestic saddle and Judas horses that have contact with wild horses and burros, including contract horses. A record should be completed at the beginning of the study for horses on facilities, and a new record should be completed for each horse used at each gather.

**Horse name:** Indicate the name by which the horse is commonly known (not the registered name.)

**Freeze brand number:** Indicate the horse's BLM freeze brand number, if applicable.

**Owned by:** Indicate the full name of the owner of the horse.

**Telephone number:** Indicate the telephone number of the owner of the horse.

**Check here if owned by the BLM:** Check if the horse is currently owned by the BLM.

**Check here if contract horse:** Check if the horse is owned by a private party and contracted through the BLM.

**Data collection date:** Indicate the day/month/year this current record is being completed.

**Facility/gather name:** Indicate BLM facility where horse is currently being used, as well as HMA of gather (if applicable.)

**Home facility:** Indicate BLM facility or address where horse is generally housed.

**Year purchased/acquired:** Indicate year acquired by present owner.

**Please circle one:** Saddle horse/Judas Horse/Both Saddle & Judas Horse (for this gather if applicable.)

**Age:** In years. If unknown, please estimate and indicate that the age is an estimate.

**Gender (circle one):** Self-explanatory.

**Breed (if known):** Self-explanatory.

**Please complete the following table:** Indicate the day/month/year of the most recent vaccination against each of the disease agents listed. If exact dates are not known and can not be determined from veterinary records, etc., please approximate (e.g. "spring, 1997".) Indicate the specific product used for the most recent vaccination, as well as whether the product was injected into the muscle, sprayed into the nose, or administered by mouth. Alternatively, a copy of the horse's complete and up-to-date health record may be attached if all requested information is included.

**Has this horse ever been diagnosed with strangles?** Circle ‘yes’ or “no”

**If yes:** Indicate month and year the illness was **resolved**, as specifically as possible. Indicate any treatment given (product, dose, duration and frequency of treatment.)

**Has this horse ever shown intermittent, persistent, or recurring signs of strangles over the past two years?** Circle ‘yes’ if the horse has shown any signs that could be attributable to strangles over the past two years. Circle “no” if the horse has not had strangles over the past two years, or if the horse had a single strangles infection that was completely resolved within one month of illness.

**Please return completed forms for horses contacting wild horses and burros on BLM facilities to the address below on a monthly basis. Please attach completed forms for horses contacting wild horses and burros at gathers to the gather record and return within one week of completion of the gather.**

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